



## APPLICATION FOR INTERIM LICENSE FOR REMOTE CALLER BINGO CGCC-620 (New 03/09)

Pursuant to California Code of Regulations, Title 4, section 12498 and California Penal Code (PC) section 326.3(p)(1), the California Gambling Control Commission (Commission) shall regulate remote caller bingo. This includes the licensing of any person who conducts remote caller bingo, including, but not limited to, persons having fiduciary responsibility, site managers, and bingo callers.

### Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Incomplete applications will be returned. You must provide truthful information in all your responses. All answers to questions in this application and on all supplemental documentation will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your remote caller bingo interim license.

Applicants must submit fingerprints via Live Scan by following the steps below listed below.

- 1) Locate and call a Live Scan provider. Determine if an appointment is required and the preferred method of payment (e.g., cash, cashier's check, etc.). Applicants must pay the cost associated with the processing and transmitting of his/her fingerprints directly to the agency providing the service. Fees vary by provider.
- 2) Take the Request for Live Scan Service, BCII 8016 (Rev 03/07) form to a Live Scan provider. The provider will process the fingerprints via Live Scan.
- 3) After the fingerprints have been taken, attach a copy of the Request for Live Scan Service form to this application.

**Send the completed application package with required fees (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231.** Please make all checks payable to the California Gambling Control Commission.

SECTION 1 – REMOTE CALLER BINGO INTERIM LICENSE	
Name of Applicant	Name of Authorized Organization
<input type="checkbox"/> <b>Initial Interim License: \$50.00</b> (non-refundable fee, per application) <u>Attach:</u> Completed Request for Live Scan Service, BCII 8016 (Rev 03/07)	
<input type="checkbox"/> <b>Renewal Interim License: \$50.00</b> (non-refundable fee, per application)	
SECTION 2 – REMOTE CALLER BINGO INTERIM LICENSE TYPE	
<input type="checkbox"/> <b>Fiduciary:</b> Is an individual who is designated in writing by an authorized organization to manage the finances of the organization's remote caller bingo operation for the benefit of the organization rather than the benefit of the designated individual, exercising the highest level of good faith, loyalty, and diligence.	
<input type="checkbox"/> <b>Caller:</b> Is an individual who is a member of an authorized organization present at a live remote caller bingo game site who announces the numbers or symbols from randomly drawn plastic balls.	
<input type="checkbox"/> <b>Site Manager:</b> Is an individual who is a member of an authorized organization who is present at any remote caller bingo game and is responsible for the game conduct, staff, and patrons at the site.	

### SECTION 3a – APPLICANT INFORMATION

Indicate your association with the authorized organization. (Check all that apply)

<input type="checkbox"/> Officer <input type="checkbox"/> Executive Director <input type="checkbox"/> President <input type="checkbox"/> Vice-President	<input type="checkbox"/> Treasurer <input type="checkbox"/> Director <input type="checkbox"/> General Manager <input type="checkbox"/> Member	<input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Trustor <input type="checkbox"/> Trustee	<input type="checkbox"/> Other: _____
--	--	---	---------------------------------------

Description of your duties relating to the conduct of remote caller bingo operations:

Last Name	First Name	Middle Initial
-----------	------------	----------------

Other names you have used or been known by (aliases, maiden name, nicknames, other name changes, legal or otherwise)

*Residence Address – Number/Street	Apt. / Unit Number
------------------------------------	--------------------

City	County	State	Zip Code
------	--------	-------	----------

\*Mailing Address, if different than above

Contact Numbers

Home: (       )	Work: (       )	Cell: (       )
-----------------	-----------------	-----------------

E-mail Address (if any)

Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number
------------------------	---	--------------------------

### SECTION 3b – GENERAL APPLICANT INFORMATION

If you answer “yes” to any of the questions, provide an explanation on a separate sheet of paper.  
 If this is an application for renewal, you are only required to provide information not previously disclosed.

- |  |  |
|--|--|
| 1. Have you been issued a gaming license, certificate, permit, etc. by any tribal, county, city, state, federal, or international agency?<br>If yes, attach a listing of the gaming agency name, issue date and expiration date.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been convicted of any crime (misdemeanor or felony), including convictions which you pled “no contest” or “nolo contendere?”<br>If yes, provide the following information for each conviction:<br>a) Date of conviction<br>b) Crime convicted of<br>c) Court location (city and state)<br>d) Penalty received | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION 4 – AUTHORIZED REPRESENTATIVE INFORMATION**

Complete this section *only* if you choose to designate someone to represent you concerning your application or other matters regarding licensure.

Last Name		First Name	Middle Initial
Relationship to Applicant: <input type="checkbox"/> Attorney <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____			
Business Name, if applicable		E-mail Address (if any)	
Mailing Address			
Telephone Number (      )	Cell Phone Number (if any) (      )	Fax Number (      )	

**SECTION 5 – CERTIFICATION / SIGNATURE**

*I certify under penalty of perjury under the laws of the State of California that I have personally completed this form and know its contents, the information contained herein and in any attachments, is true, accurate, and complete. I also understand that approval of an interim license is subject to the following conditions:*

- (1) An interim license shall be valid for one year from the date it is issued by the Commission and may be renewed if regulations specifying the criteria for a regular license have not been adopted.*
- (2) Upon adoption of regulations specifying the criteria for a regular license, the Commission will notify the holder of the interim license of the requirement to submit a regular application package within 30 days of the effective date of the regulations. If a response has not been received within 30 days, the interim license will not be eligible for renewal.*
- (3) An interim license does not obligate the Commission to issue a regular license nor does it create a vested right in the holder to either a renewal of the interim license or to the granting of a subsequent regular license.*
- (4) Issuance of an interim license has no bearing on the question of whether the holder will qualify for issuance of any Commission permit, registration, or license. The interim license will be cancelled in the event that the Commission subsequently determines that the applicant does not qualify for a regular license.*
- (5) If, during the term of an interim license, it is determined that the holder is disqualified pursuant to Section 12499, the Executive Director shall prepare an order to show cause why that interim license should not be cancelled. The holder of the interim license shall be given at least 30 days, but not more than 90 days, to respond in writing. After receipt of the holder's response, or if the holder fails to respond in the time specified, the matter shall be set for consideration at a noticed Commission meeting. The holder may address the Commission by way of an oral statement at the Commission meeting and, either in writing not less than ten days prior to the meeting or at the meeting itself, may request an evidentiary hearing.*

Signature	Date
-----------	------

\* You must provide your residence address to the Commission. Unless a separate mailing address is provided, the Commission will mail all correspondence to your residence address. Your residence address will not be displayed on the Commission's website and will not be provided to the public as a result of a request pursuant to the Public Records Act (Government Code section 6250 et seq.) or Business and Professions Code section 19821(b).

\*\*Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC section 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.